

PROGRAM CONNECTIONS

Meeting Minutes

6/24/05

Attendees:

Gerry Mayhew, Shirley Ross, Doreen Lang, Shirley Kitchen, John Rathman, Timothy Gessler, Liz Mahloch, Sue Kinas, Bob Plakus, Mal Jones, Mike McKenzie, Marilyn Putz, Vanessa Robertson, Autumn Arnold, Sara Edmonds, Mike Wineke, Barry Chase, Michelle Pauser, Hal Menendez, Jim Bates, Rebecca Brueggeman, Rick Zynda, Donna King, Jodi Ross, Jonathan Bader, Amy Mendel-Clemens, Michael Jacobs, Sue Moline Larson, Heather Dummer Combs, Kelly Blaschke

This committee's priorities were reviewed. They are:

- Verification policy changes
- Elimination of the MA Grace Month
- Electronic Case File
- ACCESS
- SSI Combined Application Project (SSI CAP)
- Fraud Program Issues
- CC SMRF Process
- CC CSAW System
- W-2 and Children First Coordination
- Child Welfare Coordination
- IM funding formula for W-2 (an ad hoc subcommittee will be formed after the next RMS meeting)

A new priority was added to this list. It is to simplify the review process for CTS because many cases close and benefit issuance is delayed.

The decision was made to begin each meeting with program updates.

Rebecca Brueggeman from the Office of Child Care presented the following information:

1. Child Care Six-Month Report Form (CC SMRF). A copy of her overview and the draft form are attached as Attachment 1.
2. 24 Month tracking for education screen will be implemented after CSAW 3 and SMRF.
3. Monitoring of CC/W-2 procedures are being developed and will be coming soon.
4. Online Attendance: If the provider enters more hours than are authorized, the system will not pay the extra amount. The client needs to report the need for increased hours.

Autumn Arnold presented an update on ACCESS Benefit Query. See Attachment 2. In addition, a discussion ensued regarding a comment that "FFU is not working in the ACCESS pre-screener." Autumn informed the group that FFU logic is not in the pre-screener by design because it is so complicated. Adding information may be an alternative to not automating it in ACCESS.

A Fraud/FEV program ad hoc committee was formed to look at funding, reimbursements, process and program alignment issues. The group will be co-chaired by Mike McKenzie and John Rathman. Other members from this committee include Bob Plakus, Jodi Ross, Liz Mahloch, Marilyn Putz, Barry Chase and Jim Bates. Charles Billings from BEM will also participate. Representation will also be sought from IMAC, C&I, Collections and WAPAF.

Mike McKenzie provided information on the Standard Utility amount increases which FNS has approved. HSUA will be going from \$238 to \$302; LUA from \$135 to \$194 and Water & Sewer from \$22 to \$60. Cooking fuel will increase \$3 and heating by \$5. The phone standard and trash will stay the same.

He also informed the group that pregnant women will be exempt from FSET participation effective September 2005.

Michael Jacobs advised the group that Covering Kids and Families did a survey which included a question to determine the awareness level of ACCESS. They polled Public Health, Economic Support, Head Start, U.W. Extension and WIC. Of the 160 respondents that answered the question, 80 were aware of ACCESS. He also shared statistics on satisfaction levels regarding DHFS publications. Since the results did not provide information regarding which publications agencies were using, he agreed to attempt to collect that information and share it with Amy Mendel-Clemens since it is her Section's responsibility to produce publications for Medicaid/BadgerCare and FoodShare.

12 Month Review

Overview

- Project will change CC 6 month FTF review to a 12 month FTF review with a 6 month mandatory change report.
- Project will synch up FS and CC review/SMRF dates.
- Project will move into production effective August 29, 2005.
- Ops Memo and PowerPoint will be used as training aids.
- This process will simply add CC to the current FS SMRF process.
- SMRF process will be in both CARES and CWW.

Process

- Reminder Notice mailed in Month 4 after AA. The Reminder Notice is mailed again in the beginning of Month 5 for those cases that opened between the first Reminder notice and the beginning of Month 5. The notice is the same for FS and CC. The notice indicates that a SMRF is coming up for FS and/or CC and to save verification.
- SMRF is mailed in Month 5 after adverse action. If the case is FS and no CC, the FS Instructions and FS SMRF will be sent. If the case is FS and/or CC the FS Instructions, FS/CC SMRF, and CC SMRF will be sent. All forms will be blue and in the same envelope.
- When the agency receives either or both of the FS/CC and CC SMRF, the agency enters the date on CMIL. CMIL is not changing. Workers do not have to identify which SMRF is received to complete CMIL.
- Workers will track the action of the FS and CC SMRF separately on ANIR. Two columns have been added the screen (FS and CC).
- If the SMRF is incomplete, the worker can trigger the Incomplete Notice to print at their agency. The Incomplete Notice is used for both FS and CC.
- Current reason codes 554 and 555 will change slightly to indicate that the FS SMRF has not been received or processed.
- New reason codes will be added to identify when the CC SMRF has not been received or processed.
- All notices will display the primary worker info.

Synching Up FS and CC

- General rule of thumb, the CC review and SMRF date will change to be that of the FS review/SMRF date.
- Effective September 2005, CC only cases will continue to have their 6 month FTF review as scheduled. When the worker completes the FTF review using ASER, the next FTF review will be scheduled for 12 months and a SMRF will be scheduled for 6 months.
- Effective September 2005, FS and CC cases will have their review/SMRF dates synched up at the next FTF for either program. The CC review/SMRF dates will be synched up to the FS review/SMRF dates.
- Effective September 2005, if a case is currently open for FS and opens for CC (FTF intake), the CC and FS review/SMRF dates will be synched up to the FS review/SMRF dates. The next CC review/SMRF may be in less than 6 months – but the FS/CC reviews/SMRFs will be synched up going forward.

- Effective September 2005, if a case is currently open for CC and opens for FS (FTF intake), the CC review/SMRF date will become the same as FS. This means that the eligibility period has been extended and authorizations can be entered beyond the previous CC “review/SMRF” date.

Authorization Changes

- Auth workers will get new alert when the CC certification period has been extended and authorizations can be entered beyond the original CC review date.
- Authorizations can only be entered up to either the next SMRF or review date.
- New Authorization page in CSAW will display the next review/SMRF date and identify if it is a review or SMRF.

Two Worker Model

- Counties/Tribes where there is one FS worker and a different CC eligibility worker will need to identify internal processing procedures for cases that are open for both FS and CC.

ADDITIONAL INFORMATION FOR CHILD CARE

CERTIFYING AGENCY:

Name of Agency:
Line 1 of Address:
Line 2 of Address:
City, State, Zip Code:

Case Number:
Case Name:
Worker Information
Name:
ID:
Phone Number:

The FoodShare and Child Care programs have combined the six-month report process for both programs. Recipients of both programs will be able to complete the six-month report process for both programs at the same time. You do not need to complete this form if you do not receive Child Care benefits.

Refer to the FoodShare and/or Child Care Six-Month Report Instructions form for information on how to complete the FoodShare and/or Child Care Six-Month Report form. Refer to the instructions within each section of this form (called the Additional Information for Child Care) for information on how to complete that section.

WHETHER OR NOT YOU CURRENTLY RECEIVE FOODSHARE BENEFITS, YOU STILL NEED TO COMPLETE THE FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT FORM IN ORDER TO CONTINUE TO RECEIVE CHILD CARE. Information on that six-month report form is needed for Child Care. You do not need to complete questions that have been identified as “Not Required” on the FoodShare and/or Child Care Six-Month Report form. Completing the FoodShare and/or Child Care Six-Month Report form is not the same as completing an application for FoodShare benefits. To apply for FoodShare benefits, contact your worker.

- To avoid delays in receiving future child care authorization/payment:
- Answer the required questions on both the “FoodShare and/or Child Care Six-Month Report” **AND** the “Additional Information for Child Care” forms.
 - Check an activity and enter the daily start/stop time of the activity for each parent and adult in the child care case in Section A on this form.
 - Write the number of hours each child needs for child care in Section B on this form.
 - Sign both of the forms.
 - **Return both of the signed forms to the Certifying Agency listed above by MM/DD/CCYY.** If both forms are not completed and returned by MM/DD/CCYY, payment for your child care will end.

COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. If you need more room than is provided to complete an answer, use an additional sheet of paper. Contact your worker if you have any questions or need help completing the form.

SECTION A – APPROVED ACTIVITY INFORMATION

Below are the names of each parent and adult currently listed in your child care case. If the person still lives in your home, check the type of activity the person is in. If the activity is not listed, select “Other” and write in the type of activity. If the person is in more than one activity, indicate each activity/schedule separately by writing the information on the form next to the individual’s name. Write the daily start and stop times for each activity for each day the person is involved in the activity. Put a line through the name of any person who no longer lives in your home.

If the person is attending school, please attach a copy of their current school schedule.

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐

W-2 Activity ☐ FSET ☐ None

☐ Other:_____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturday
Start:							
Stop:							

If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week

Name :

Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐

W-2 Activity ☐ FSET ☐ None
☐ Other:_____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							

Name :
Activity Type: ☐ Work ☐ High School ☐ Post Secondary Education ☐
W-2 Activity ☐ FSET ☐ None
☐ Other:_____

Schedule:

Time	Sunday	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturday
Start:							
Stop:							
If the schedule changes often, write down the number of hours per week the person is usually in the activity. _____ Hrs/Week							

SECTION B – CHILD CARE AUTHORIZATION INFORMATION

The chart below lists each child in your child care case who has an authorization for next month, the name of the provider who is authorized to care for the child, and the hours authorized. If you want the child authorized to the same provider, write the number of hours needed weekly for day care in the “Hours of Care Needed Per Week” field. If you no longer want to use that provider, cross out the provider’s name. If you want to use a new provider for a child, write the name of the child, the name of the provider, and the number of hours needed weekly for day care on the form. Use a separate piece of paper if you need more space.

Are you changing the child care provider for any of your children? ☐ Yes ☐ No

Are any children in shared custody? ☐ Yes ☐ No

Name of Child	Name of Provider	Current Hours of Care Per Week	Hours of Care Needed Per Week
Child 1:			
Child 2:			
Child 3:			
Child 4:			
Child 5:			
Child 6:			
Child 7:			
Child 8:			

If the hours needed for child care vary greatly from week to week, explain how the hours of care will vary. Describe if the care is needed for a person to work second or third shift, weekends, differing hours of work each week, etc.

SECTION C – SIGNATURE

I certify that the answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my child care benefits. I understand that if I intentionally give incorrect information I may be charged with a crime, and upon conviction I may receive a sentence of imprisonment, or a fine, or both; and I also understand that I may receive an overpayment collection notice for the repayment of child care funds paid out on the basis of incorrect information.

Signature: _____ **Date Signed:** _____

Contact Telephone : _____

Slide 1

***Program Coordination
Subcommittee Update:
June 24, 2005***

ACCESS

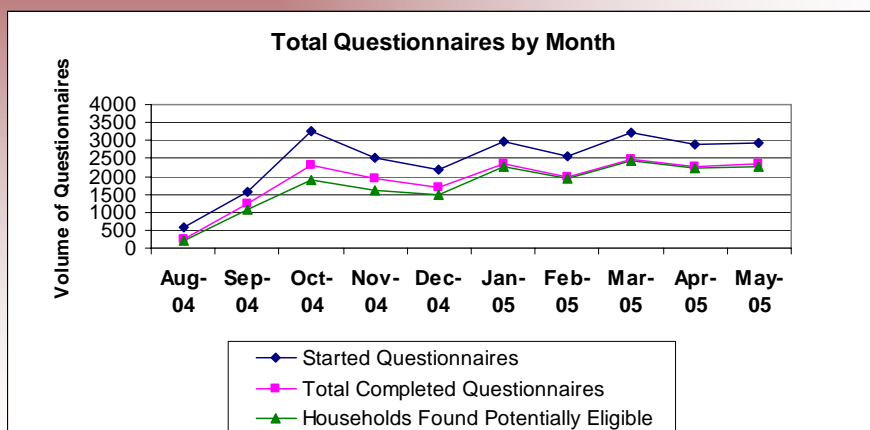
www.access.wisconsin.gov

1

Slide 2

ACCESS usage statistics

- Screening questionnaires started to date: **26,833**
- Completed questionnaires to date: **20,618**



2

Timeline for Phase III

- ◆ Medicare Part D prescription drug plan added to screener: 7/1/05
- ◆ Benefit Query tool: late August/early September 2005
- ◆ Online application form for FoodShare and Family MA: late February/early March 2006
- ◆ Change reporting tool: late May/early June 2006

3

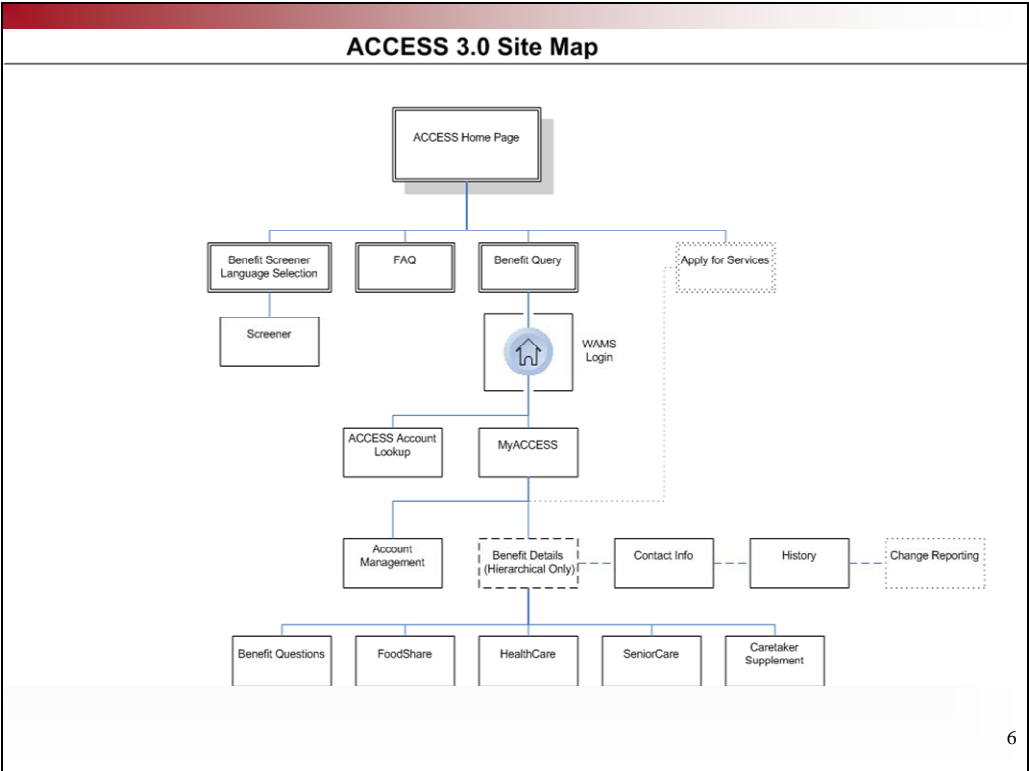
Phase III Development Steps

1. Data gathering – in late 2004 and early 2005, we sought input from:
 - ✓ Workers and supervisors from local agencies
 - ✓ Low-income Wisconsin residents
 - ✓ Community-based service providers
2. February 2005: Requirements developed
3. March/April 2005: Identified Benefit Query (BQ) scope
4. May 2005: Development of BQ design framework and design mock-ups, with initial review by:
 - Subgroup of Program Coordination Committee
 - Local agency supervisors from Eau Claire and Ashland
 - Elderly Benefits Specialists
 - WISCAP and Hunger Task Force

4

BQ scope decisions

- ◆ For the August/September 2005 release:
 - ✓ BQ will only include information about FoodShare, MA, SeniorCare and Caretaker Supplement
 - ✓ BQ will not show financial/non-financial eligibility data details (e.g., budgetable income)
 - ✓ BQ will not provide detailed notice history
 - ✓ BQ will not provide data from sources outside of CARES (e.g. EBT balance)



Creating an ACCESS account

- ◆ To use the Benefit Query, users must:
 - ✓ Create a WAMS ID with username and password
 - ✓ Provide SSN and DOB
 - ✓ Provide Case # or MA ID # or EBT #
 - ✓ After the initial account set-up, they will only have to provide their username and password
- ◆ Workers can use their WAMS log-in and a client's SSN to see the client's BQ screens
- ◆ Password recovery will occur through a "secret question" function

7

Benefit Query Security Proposal

- ◆ Three levels of access:
 - ✓ **Full viewing: primary person or pp's spouse.**
 - Sees status of outstanding applications or RFAs
 - Sees all information for their case, including failure reasons for people who applied as part of that case
 - Sees their current mailing address
 - Has the ability to "pull the plug"
 - Has the ability to report changes online (June 2006)
 - ✓ **Targeted viewing: all other adults, including full viewing people who are out of the household.**
 - Sees status of outstanding applications or RFAs
 - Sees benefit information for benefits they are a part of
 - Cannot view mailing address, pull the plug, or make changes
 - ✓ **No access**
 - Confidential cases
 - Minors who are not primary person or pp's spouse
 - Cases that have "pulled the plug"

8

Slide 9

ACCESS

State of W I S C O N S I N

Eligibility Screener | Apply For Services | FAQs | Additional Resources

Welcome To ACCESS!Monday, April 25, 2005

Welcome To ACCESS

Print

Help

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

How Do I Check My Benefits

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Check My Benefits

Help & FAQs

I'm Not Sure Where To Look

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What Benefits Am I Eligible For

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Benefit Screener

Apply For Services

Apply For More Benefits

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This Welcome page replaces the existing ACCESS homepage and gives users a chance to choose their activity.

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Slide 10

ACCESS

State of W I S C O N S I N

MyACCESS | Eligibility Screener | Apply For Services | FAQs | Additional Resources | Logout

Welcome Thomas R. Parsons (MyACCESS No: 01234567890)Monday, April 25, 2005

MyACCESS Welcome

Print

Help

What Information Is Shown Below?

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Who Is Receiving Benefits And What Type?

Program	Individuals Affected	Status	Benefit	Status Date	Benefit Details
FoodShare	Thomas, Janet, Robert	Open	\$120	6/1/2005	Click For More Information
	Brenda	Denied	-	11/25/2004	Click For More Information
Healthcare	Thomas, Janet, Robert	Open	FBMA	6/1/2005	Click For More Information
	Brenda	Denied	-	5/25/2004	Click For More Information

What Actions Do I Need To Take?

Household Head	Action	Due Date	Individuals Affected	Programs
Thomas Parsons	Send in your income verification form.	5/12/2005	Thomas, Janet, Robert	All Cases
Brenda Parsons	Send in your income verification form.	5/20/2005	Brenda	Healthcare
Thomas Parsons	Schedule a case review with your worker.	10/20/2005	Thomas, Janet, Robert	All Cases
Brenda Parsons	Schedule a case review with your worker.	10/20/2005	Brenda	FoodShare

This is the “benefits snapshot” a user will see once they log in to Benefit query.

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Slide 11

WISCONSIN

ACCESS

MyACCESS | Eligibility Screener | Apply For Services | FAQs | Additional Resources | Logout

Welcome Thomas R. Parsons (MyACCESS No: 01234567890)Monday, April 25, 2005

MyACCESS Welcome

Benefit Details

Contact Information

History

Report Changes

Case Number: 01234567890

Household Head: Thomas Parsons

Status: Eligible

Print

Help

Benefit Questions

FoodShare Benefits

Healthcare Benefits

Senior Care Benefits

Caretaker Supplement

FoodShare Unit Benefit Details

Thomas Parsons

Robert

Janet Parsons

Eligibility Status: Open

Benefit Begin Date: 4/21/2004

Benefite End Date: 4/25/2005

Total Benefit Amount: \$120.00

Next Review Date: 10/15/2005

We are waiting for your to:

1

Please schedule an appointment with your worker to review your case.

2

Your worker is waiting for you to send in verification of your current mailing address.

3

Please send in your income verification form, due by 5/30/2005..

Your application for FoodShare was denied/closed for the following reason(s):

1

You have too much income.

Not Eligible For Foodshare

Brenda Parsons

Last Updated: 4/15/2005

Your application for FoodShare was denied/closed for the following reason(s):

1

In order to keep getting benefits, you will need to call you worker and setup a time to review the facts about your case.

2

You have too much income.

3

The necessary paperwork has not been filed with your case worker.

This is the "Benefit Detail" page for FoodShare.

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Slide 12

WISCONSIN

ACCESS

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Welcome Thomas R. Parsons (MyACCESS No: 01234567890)Monday, April 25, 2005

MyACCESS Welcome

Benefit Details

Contact Information

History

Report Changes

Case Number: 01234567890

Household Head: Thomas Parsons

Status: Eligible

Print

Help

Benefit Questions

FoodShare Benefits

Healthcare Benefits

Senior Care Benefits

Caretaker Supplement

Individual Healthcare Benefit Details

Brenda Parsons

Benefit: Long-Term Care

Eligibility Status: Open

Benefit Begin Date: 4/21/2004

Benefite End Date: 4/25/2005

Next Review Date: 10/15/2005

We are waiting for your to:

1

Please schedule an appointment with your worker to review your case.

2

Your worker is waiting for you to send in verification of your current mailing address.

3

Please send in your income verification form, due by 5/30/2005..

Your application for Healthcare was denied/closed for the following reason(s):

1

You have too much income.

Healthcare Benefit Details

Thomas Parsons

Robert

Janet Parsons

Eligibility Status: Open

Benefit Begin Date: 4/21/2004

Benefite End Date: 4/25/2005

Premium Amount: \$100.00

Premium Due Date: 6/15/2005

Deductible Amount: \$10.00

Deductible Expiration Date: 6/15/2005

Cost Share:

Net Liability:


This is the "Benefit Detail" page for Medicaid.

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Slide 13



ACCESS

State of WISCONSIN

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Welcome Thomas R. Parsons (MyACCESS No: 01234567890)
 Monday, April 25, 2005

[MyACCESS Welcome](#)
[Benefit Details](#)
[Contact Information](#)
[History](#)
[Report Changes](#)

Case Number: 01234567890

Household Head: Thomas Parsons

Status: Eligible

Print

Help

Case Worker: Stanley Halverson

Address 1: 433 West Washington Avenue

Address 2:

City: Madison State: WI Zip: 53703

My Contact Information

Head Of Household: Thomas Parsons

Phone: 412-403-2134

Address 1: 433 West Washington Avenue


Address 2:

City: Madison State: WI Zip: 53703

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This page provides the contact information for the worker, as well as the address we have on file for the client.

Slide 14



ACCESS

State of W I S C O N S I N

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Welcome Thomas R. Parsons (MyACCESS No: 01234567890) Monday, April 25, 2005

MyACCESS Welcome
Benefit Details
Contact Information
History
Report Changes

Case Number: 01234567890
Household Head: Thomas Parsons
Status: Eligible

Print
Help

Show Me A History Of My Important Messages

Date	Program	Individual	Message
9/1/2004	FoodShare	Thomas, Janet, Robert	Your FoodShare benefits have changed because of changes in the size of your family, your income, or your bills. Starting on October 1, 2004, your FoodShare amount will increase from \$100 to \$120 per month.
7/15/2004	All Benefits	All members	In order to keep getting your benefits, you will need to call your worker and setup a time to review your case with your worker. This must be completed by August 31, 2004.
7/15/2004	Healthcare	Thomas	Your worker has recently determined that Thomas is now eligible for Full Benefit Medicaid, effective July 31, 2004. Previously you were receiving Long-Term Care benefits. Please review your Benefit Details under Healthcare for more information.
6/10/2004	Healthcare	Thomas	Your worker has recently determined that Thomas is now eligible for Full Benefit Medicaid, effective July 1, 2004. Previously you were receiving Long-Term Care benefits. Please review your Benefit Details under Healthcare for more information.
4/25/2004	FoodShare	Thomas, Janet, Robert	Your FoodShare benefits have changed because of changes in the size of your family, your income, or your bills. Starting on June 1, 2004, your FoodShare amount will increase from \$80 to \$100 per month.

This page provides a chronological list of all of the changes and messages that have been posted in ACCESS. Once a message is no longer current, it will be transferred to the History page.